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NNMC Bethesda and NIH Partner for Research
By Journalist 3rd Class Rebecca Horton, National Naval
Medical Center Bethesda

BETHESDA, Md. - Rear Adm. Donald C. Arthur, Medical
Corps, Commander, National Naval Medical Center (NNMC),
and Stephen Ficca, associate director for research
services at the National Institutes of Health (NIH),
signed an agreement that brings NNMC Bethesda campus one
step closer to housing the nation's first all-inclusive
Center for Musculoskeletal Research.

The agreement is a 20-year lease of three buildings
on the Bethesda compound to NIH. These buildings,
previously occupied by the Naval Medical Research
Command, were vacated in July 2001, when the command
moved to Silver Spring, Md.

NIH does do musculoskeletal research, but realized there was a need to bring together all existing and future research into a single, coordinated, well-funded research strategy. Several of the institutes at NIH were conducting musculoskeletal research, but without coordination or common agendas. As a result, the research was inadequate in scope and depth to meet the healthcare needs of the nation. A single, consolidated research center on the Bethesda campus best serves both NIH and the Navy.

"The renovation for this new research center is projected to be complete in two and-a-half years," said Capt. James DeVoll, Medical Corps, leader, neuro-musculoskeletal service line. "Our patients are going to receive great benefits from the center once it is open because our staff will have an addition of world-class experts in sub-specialty areas."

DeVoll said that Navy Medicine healthcare providers will also benefit by having opportunities to train with NIH's world-class experts in the field.

The center is scheduled to be open in 2005.

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Naval Medical Center Portsmouth Re-Dedicates Building One

From Naval Medical Center Portsmouth Public Affairs

PORTSMOOUTH, Va. - Naval Medical Center Portsmouth's Building One, was rededicated recently marking the completion of a \$18 million renovation begun in August 1999.

The project converted the building into administrative spaces for the commander and hospital staff, a medical library and space for patient records. The design included renovation of the original architectural detail, including exterior sandstone, wood trim and staircases; asbestos and lead abatement; structural upgrades; and addition of heating and cooling systems.

The renovation of Building One follows the construction of the Charette Health Care Facility, which opened about three years ago. Next to be renovated is the 15-story, high rise former hospital, which originally opened in 1960. Completion of this phase is scheduled for 2003.

Naval Medical Center Portsmouth is the oldest continuously running hospital in the Navy. The site is the approximate location of the circa-1776 Fort Nelson. Built in the mid-1700's as a colonial defense and, following the British abandonment, Fort Nelson lay unused until 1827, when the commissioners of the Naval Hospital Fund were granted their request to build the first naval hospital. To pay for the construction, every Sailor and Marine, officer and enlisted, were taxed 20 cents. The hospital admitted its first patients in 1830 and has

treated patients continuously since then.

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DoD, Navy Promote Suicide Prevention Education
From Bureau of Medicine and Surgery Public Affairs

WASHINGTON, DC - One of the Navy's most unhappy statistics is that, until recently, a leading cause of deaths among its ranks was suicide.

The good news is that a renewed emphasis on educating Sailors about preventing suicide may have helped the Navy have its lowest suicide rate in a decade. The other armed services, too, have made suicide prevention progress.

With the hope of continuing this trend, the Department of Defense and the services, including the Navy, are planning educational and informational events, starting with a suicide prevention forum being held next week on Nov. 19.

According to Dr. Mark Long, a psychologist with the health promotion/population health program at Navy Environmental Health Center Portsmouth, Va., one of the main reasons for this forum is to promote a suicide awareness campaign within the military.

Another goal is to help educate service members about warning signs that an individual may be thinking about suicide. Acting on these warning signs is one way to help prevent these needless deaths.

"One misconception is that people who talk about suicide won't really do it," said Long. "The truth is, almost everyone who attempts suicide has given some clue that they are suffering, and experiencing psychological pain. Even if comments are said casually or jokingly, they may indicate a serious problem that needs immediate attention."

Long said that it's okay to be straightforward and ask people if they are thinking about hurting themselves.

"Bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do," he said.

Long said that if a fellow Sailor, coworker, friend or family member does say they are thinking about suicide, there are important actions that you should take. Don't leave them alone. Listen and talk directly with them. Don't judge them. Let your chain of command know, don't keep it a secret. And, most important of all, said Long, is make sure they get immediate professional help.

"What I want to stress to Sailors and anyone else who might be thinking about suicide is that it's okay to get help," said Long. "Getting professional assistance can be career enhancing. Lots of people get help, and go on to have fine careers. Whether you go to your chaplain, to a fleet and family support center, to your

healthcare provider, to a mental health professional - there are resources out there, and the earlier you go, the more quickly your issues can be resolved, and you can move on with your life."

DoD's first Suicide Prevention Forum, a day long event to help healthcare providers, chaplains, mental health professionals, counselors and others who are interested in what can be done to prevent suicides, will be held Tuesday, Nov. 19 at the Marine Corps' Henderson Hall in Arlington, Va. Information on the forum is available at www.ha.osd.mil/cpp/forum.pdf.

For more information about suicide prevention, visit the following websites:

- Navy Personnel Command's Behavioral Health Branch, www.persnet.navy.mil/pers601/index.html
- Navy Environmental Health Center's Suicide Prevention HomePage, www-nehc.med.navy.mil/hp/suicide
- Virtual Naval Hospital, www.vnh.org/Providers.html

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SARP New Name for Navy Medicine Substance Abuse Treatment

From Bureau of Medicine and Surgery Public Affairs

WASHINGTON, DC - Navy Medicine's substance abuse treatment programs, known by as many as 14 different names depending upon their locations worldwide, now has a single new name under which all the programs will fall. It's now the Substance Abuse Rehabilitation Program, or SARP.

The new name became effective Oct. 1, 2002, and is designed to help eliminate confusion about Navy Medicine's drug and alcohol treatment programs.

According to Cmdr. Richard Stoltz, Medical Service Corps, the Bureau of Medicine and Surgery's deputy director for clinical operations, the number of names for Navy substance abuse programs had increased in recent years and there was confusion regarding what services were provided.

"Though we now have one name, the functions of all SARPs - what they did before Oct. 1, 2002 - will remain the same," said Stoltz.

There are about 60 SARPs throughout the Fleet. Their mission is to improve operational readiness, promote healthy lifestyles and treat problems resulting from alcohol and substance abuse. They use a multidisciplinary approach to the assessment and treatment of substance related problems, and to meet the individual needs of active duty personnel, family members and retirees.

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Navy Medicine Reservists Train for Gas Threat
By Journalist Second Class Robb Marshall, Mobile Public

Affairs Team Det 119

SAN DIEGO - Anyone who has been through boot camp remembers well how a face full of tear gas feels - the burning, the stinging and the gagging.

On a recent Saturday morning, Reserve Sailors and Marines of the 4th Medical Battalion took a refresher course in nuclear, biological and chemical (NBC) training that included gas training in a newly built confidence chamber at Camp Elliott on Marine Corps Air Station Miramar, Calif.

"We've been ordered to make sure every Marine and Sailor (at Miramar) gets this training," said Marine Maj. Monte De Bel of the 4th Medical Battalion.

Dressed in protective gear that made it nearly impossible to distinguish Sailor from Marine, officer from enlisted, Reservists emerged from the confidence chamber with red faces and watery eyes after learning to purge their masks in the event the seal is breached. They then shifted to a decontamination exercise designed to train partners to strip off each other's contaminated outer gear without allowing hazardous materials to contact skin.

"They've got to get familiar with it, to be reminded that their masks and suits really do work," De Bel said.

The contrast between the new confidence chamber and aging, 1940s-era buildings of Camp Elliott serve as a reminder that the nature of warfare has shifted dramatically since the days when this facility was used to train individuals for World War II combat duty.

"We're going into positions where the possible threat of biological and chemical attack is much higher," De Bel said. "In today's battlefield, there is no real rear area. What we once may have considered a rear area isn't safe either. Lots of our people will be up front."

Marines undergo NBC training annually as part of their basic field training. Sailors serving in support of the Marines also receive this annual training.

As a medical battalion, the 4th differs from most Marine battalions. Sailors with medical ratings or commissions outnumber Marines in this unit by about three to one, the inverse of most other Marine battalions, said De Bel. Teamwork is a critical aspect of NBC training.

"The way you will survive an NBC attack is with the help of a buddy," said Pfc. Sean Murphy, who led the training exercises.

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Dental Warriors Fast Track to Warfare Quals

From USS Belleau Wood Public Affairs

ABOARD USS BELLEAU WOOD AT SEA - The USS Belleau Wood (LHA 3) Dental Department recently became the

ship's first department aboard to have all Sailors achieve their primary warfare qualification.

The six Sailors recently earned their enlisted surface warfare qualification. They will achieve another milestone when they become dual warfare qualified with enlisted air warfare designations at the end of November.

Belleau Wood, presently deployed as the lead element of an Amphibious Readiness Group in support of Operation Enduring Freedom, offered an aggressive qualification program for the crew. The dental crew aligned their priorities and took full advantage of what the command offered.

"We decided this would be a major goal for us during deployment," said Dental Technician 2nd Class Dominick A. Barras, department leading petty officer. "Everyone in our department was highly motivated, and we all stayed focused and on the right path when it came to studying and attending training sessions."

Everyone qualified in a four-month period, from June to October.

"People look at you much differently, now that I have my pin," said Dental Technician 3rd Class Dean Rosalin. "It gives a good first impression, especially for our rating."

These surface warriors provided dental care for more than 2,500 Sailors, Marines, Soldiers, and Airmen. While studying for their warfare qualification, they still racked up impressive operational readiness statistics.

"Right now, we're at 98.8 percent in terms of operational readiness," Barras said. "In terms of overall dental health of the ship, meaning no dental care needs whatsoever, we improved from 35 percent at the beginning of deployment to 52 percent."

"I'm very proud of them," said Lt. Cmdr. Kristine Knutson, Dental Corps. "They work as hard and as diligently in the clinic as they did studying for their qualifications. Supporting the ship has always been their number one priority. I'm thrilled to have them work for me."

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Charleston Hospital BEQ Awarded Third Straight 5-Star
By CDR Mary Jackson, Nurse Corps, Naval Hospital
Charleston, S.C.

CHARLESTON, S.C. - Naval Hospital Charleston's Bachelor Enlisted Quarters was recently awarded its third consecutive 5-Star Adm. Elmo R. Zumwalt award for excellence.

Comparable to a hotel/motel accreditation, the award recognized superior service and hospitality. It is awarded every two years. Charleston previously received awards in 1998 and 2000. This most recent

award was presented late last month.

"The BEQ staff has done a magnificent job caring for our resident Sailors, expertly managing and maintaining the facility, and providing amenities unheard of by any standard just a few years ago," said Capt. Gregory E. Hall, Medical Service Corps, Naval Hospital Charleston's executive officer.

Zumwalt award inspectors were impressed that Naval Hospital Charleston's BEQ management never let its standards slip, even after winning the Zumwalt recognition twice in a row. Of 85 categories examined in the inspection, there were no discrepancies.

One reason cited for the BEQ's success was that all 57 residents participated in keeping the facility Zumwalt inspection ready.

Improvements over the last few years include new furniture, carpet, paint, bathroom modifications, and new air conditioning. Residents enjoy a basketball court, tennis court, lounge and equipped kitchen, pool table, two big screen TVs in common areas, and three computers with Internet access.

"This award is a team effort from the commanding officer on down to our residents," said Chief Mess Specialist Kevin J. Josiger, BEQ manager. "Key players from BEQ staff to facilities maintenance helped make this happen. If we had not all worked together, this five-star accreditation could not have happened."

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Pensacola Baby Comes Back for Suite Visit

From Naval Hospital Pensacola Public Affairs

PENSACOLA, Fla. - Naval Hospital Pensacola officially dedicated "Madysen's Room" last week, named for the first baby born in the new maternity ward suite. A plaque with her name now graces the door.

Madysen Rovendro, born last April, attended the dedication with her mother, Katherine Rovendro. Madysen's dad, John, is a Navy chief petty officer.

Each of the hospital's six labor, delivery, recovery and post-partum suites are marked with plaques bearing the its first baby's names.

The LDRP suites were opened in late April 2002.

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Study Could Reduce Anthrax Shots, Decrease Side Effects
By Karen Fleming-Michael, Special to the American Forces
Press Service

FORT DETRICK, Md. - A study to decrease the required number of anthrax shots and its accompanied side effects is being conducted at the Walter Reed Army Institute of Research in Maryland.

"We want to use our stores of vaccine wisely and we want to immunize people effectively and minimize side effects," said Army Col. Janine Babcock, principal

investigator for the study. The study's goals are twofold.

The first is proving the anthrax vaccine, manufactured by BioPort Corp in Lansing, Mich., is still effective when subjects are given fewer doses than the normal regimen of six shots delivered at one, two and four weeks and then at six, 12 and 18 months, with annual boosters.

"The (current vaccination) schedule is extremely cumbersome," Babcock said. "It is expensive to implement, and it is very difficult to support from a vaccine production and logistical point of view."

Decreasing the number of doses will also increase patient acceptance, she said. "If you have your choice between six shots and three, we'd all pick three."

The second goal is to change the way the shots are given, which should reduce the side effects of redness, tenderness, swelling and discomfort sometimes associated with the vaccine. Currently, the shot is given subcutaneously, which means the needle is inserted just between the skin and muscle.

"When you give vaccines (like the anthrax vaccine) subcutaneously, they work very well stimulating the immune system in a very powerful way, but they can cause more local side effects," Babcock said.

Serious reactions are rare; however, of the 2,120,594 doses given to 528,015 service members, 11 people have severe enough reactions to be hospitalized.

By the mid-1970s, most vaccines were given by intramuscular injections because they produce fewer side effects and they are easier to administer. The anthrax vaccine, which was developed in the 1950s and 1960s and licensed in 1970, remained a subcutaneous injection because only a few hundred people, mostly veterinarians, received it each year, and no one approached the Food and Drug Administration about changing it.

"When we now vaccinate hundreds of thousands of people, we want to use it as well as we can," said Col. Alan Magill, deputy division director for Communicable Diseases and Immunology and also a study associate investigator.

The study hopes to show that intramuscular shots are the best way to deliver the vaccine, which will make it more tolerable for service members who must receive it.

The clinical study is based on preliminary results Dr. Phil Pittman found in a study conducted at the U.S. Army Medical Research Institute of Infectious Diseases at Fort Detrick, Md., from 1996 to 1998.

"In his study (of 173 subjects), the people who got the fewer doses intramuscularly had levels of antibodies that were not inferior (to the subcutaneous injections) and the reactions were much fewer," Babcock said.

The study, funded by Congress, has three parts:

Part A is a human study, Part B is a primate study and Part C is a basic science study.

WRAIR is participating in Part A, which involves testing the change from subcutaneous to intramuscular injection and decreasing the number of doses. Part B will test the changed regimens against an aerosol challenge in primates to show whether they are protected from getting anthrax.

Part C will go a long way in helping develop new generations of the anthrax vaccine. Researchers will examine blood samples from people and primates taken at the same time, such as before a dose and after a dose, to find the key things in the immune system that predict protection.

"We want to find out what the best marker of protection is. Once we've found that, researchers can use that to help develop the next generation of vaccines and validate them," Babcock said. The study will last for 43 months. Of the five centers in the United States hosting the trials - Baylor College of Medicine in Houston, Texas; Emory University in Atlanta; University of Alabama at Birmingham; and the Mayo Clinic in Minnesota - WRAIR is the only military site.

Three hundred of the study's 1,560 subjects will participate at WRAIR. None will be active-duty military because service members need to receive the shots under the current FDA license.

"We believe that optimal use of the anthrax vaccine is important for the daily lives of our soldiers, and we wanted to be part of that solution, not five years down the road reading a report on it," Babcock said.

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Healthwatch: True Or False: Know Your Tobacco Facts?
By Lt. Cmdr. Heather Gilchrist, Nurse Corps, U.S. Naval Hospital Yokosuka and Brian Badura, Bureau of Medicine and Surgery

YOKOSUKA, Japan - When you think of tobacco, what's the first thing that comes to mind? A bad habit? A quick stress reliever? A way to lose weight?

Tobacco use comes with serious, but preventable, consequences. Every year, one in five Americans - more than 400,000 people - dies from tobacco use. Each puff of a cigarette robs you of precious life, as smokers statistically die 10-12 years younger than non-smokers do.

The American Cancer Society's Great American Smokeout is Nov. 21, and the Navy Environmental Health Center, Naval Personnel Command and the Navy Exchange system are teaming up to offer assistance to those who would like to kick the habit.

Take this test to check out your knowledge of tobacco.

- True or False: Tobacco is only physically, not

psychologically, addictive.

False. All forms of tobacco contain nicotine, which causes the strong addiction to tobacco products. As users become increasingly tolerant of nicotine, they increase the amount consumed in order to maintain blood levels that alleviate such symptoms as irritability, anxiety and headaches.

Believe it or not, the average "urge" for nicotine lasts only nine minutes. If users get through that first nine minutes, they should be able to avoid the cigarette or dip.

The trick to any successful tobacco cessation effort is finding something to replace tobacco. The body's physical addiction to nicotine is eliminated in about two weeks to one month. After that it's purely psychological.

- True or false: Smokeless tobacco isn't as bad for me as cigarettes.

False. It's true smokeless tobacco doesn't cause the lung problems that smoking does. However, it can cause severe dental problems; mouth, throat and stomach cancers; and heart conditions, not to mention bad breath.

- True or false: Cigars are a safe alternative to cigarettes.

False. Many people believe cigars and pipes are safe, but the bottom line is they are no safer than any other tobacco products and carry the same level of risk.

- True or false: I don't have to worry about cancer now; only when I'm old.

False. Tobacco-induced cancers can strike anyone, young or old. There are hundreds of cancer-causing agents found in tobacco products and many young adults have fought cancer due to tobacco use.

- True or false: If I quit smoking, I'll automatically gain weight.

False. Nicotine is a stimulant. When this stimulant is removed, your metabolism returns to what is considered normal. There are many reasons why quitters gain weight. One of the main reasons is that they tend to eat more. Not only does food taste better, but also it's often used as a substitute for cigarettes, meeting an oral need to have something in the mouth.

Ways to avoid weight gain include increasing physical activity and replacing high-fat foods with healthy snacks like fruits and vegetables.

- True or false: As long as I don't inhale, I'm in no danger.

False. Each time smoke touches a living cell, it does harm, whether you inhale or not. It's also virtually impossible to completely avoid inhaling, and those who say they don't inhale, like cigar and pipe smokers, are still at risk.

- True or false: Smoking some types of cigarettes,

like low-tar or lights, is safer than smoking others.

False. Low-tar or low nicotine cigarettes are still harmful and most people who use them often smoke more cigarettes more deeply. Menthol cigarettes, with their induced cool sensation, can be especially bad because the smoke is typically inhaled more deeply and held in the lungs longer.

You can quit using tobacco products, but it requires a desire to stop. Many military treatment facilities offer tobacco cessation programs to help break your addiction. Check with the health promotions department to find out what's available in your area to help kick the habit.

For more information, visit the Navy Environmental Health Center's tobacco cessation website at:

www-nehc.med.navy.mil/HP/TOBACCO/INDEX.HTM

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Got news? Navy & Marine Corps Medical News seeks stories and photos about Navy Medicine people, places, ideas, innovations, events. Call the MEDNEWS editor at 202 762-3223 or e-mail JaKDavis@us.med.navy.mil.

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